

# Student Science-Writing Internship Application

## Office of Public Affairs Argonne National Laboratory

**Instructions:** Please type or print this application and return it with at least three sample articles or other writing samples to Jessie McHenry, Office of Public Affairs, Argonne National Laboratory, 9700 So. Cass Ave., Argonne, IL 60439. Phone: (630) 252-5545.

**Name:** \_\_\_\_\_  
Last First Middle

**Institution:** \_\_\_\_\_

**Academic rank:** Junior ☐ Senior ☐ Graduate ☐ **Term applying for:** Summer ☐ Fall ☐ Winter ☐ Spring ☐

**Major:** \_\_\_\_\_

**Citizenship:** \_\_\_\_\_ U.S. citizen \_\_\_\_\_ Permanent resident alien Citizen of \_\_\_\_\_

**Visa type or alien registration number:** \_\_\_\_\_

**Current address:** \_\_\_\_\_  
Street City State Zip

**Current telephone:** \_\_\_\_\_ **Current email:** \_\_\_\_\_

**Home address:** \_\_\_\_\_  
Street City State Zip

**Home telephone:** \_\_\_\_\_ **Home email:** \_\_\_\_\_

**Person to be notified in an emergency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Day phone:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_

**Indicate grade-point averages to date, using 4-point system:**

All undergrad courses: \_\_\_\_\_ Undergrad writing and communication courses: \_\_\_\_\_ Graduate courses: \_\_\_\_\_

### Colleges and Universities Attended

Name and location	From mo/yr	To mo/yr	Degree and date expected or received	Major	Minor

List undergraduate and graduate courses that you have completed or will have completed before you arrive at Argonne. List courses first in journalism, writing, communications and other relevant fields. Please asterisk(\*) graduate courses and identify courses not yet completed by a grade of X.

Course title	Grade	Course title	Grade

List the names of your adviser, department head, and two other faculty members who have knowledge of your background. Please give evaluation forms to any two of these individuals to complete and return to Jessie McHenry, Office of Public Affairs, Argonne National Laboratory, 9700 So. Cass Avenue, Argonne, IL 60439.

Name	Position	Phone
Adviser:		
Dept. Chair.		

Describe your educational and career plans and the relationship of this Argonne internship to your plans:

Have you held a previous appointment at Argonne? If yes, state type of appointment, supervisor, division and time period:

Briefly list relevant professional experience, including name of supervisor and dates:

Company or organization	Dates	Supervisor	Phone

List awards, assistantships, fellowships, publications and other pertinent skills or achievements:

Argonne does not provide medical coverage for non-job-related injuries. It is strongly suggested that you have a health insurance policy in force while at Argonne.

Under current U. S. court rulings, stipends, housing allowances and travel reimbursements are taxable. Please be aware that Argonne, in accordance with Department of Energy guidelines, does not withhold federal income tax, F.I.C.A. or state taxes on stipends, housing allowances and travel reimbursements.

*I authorize investigation of all matters contained in this application and also authorize any of my references and employers to furnish information required by Argonne National Laboratory and I hereby release all such persons and organizations from any claim for damages by reason of furnishing such information or records.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

